

FILED SEP 20 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Eolia  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Parse Brown (n.m.n.)

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Lena Holland Brown 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased July 1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 13 Days 13 If less than one day hr. min.

9. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER  
12. Name Edward Brown  
13. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Medora Richardson  
15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Medora Brown

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof Aug 3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia Mo.

18. (a) Signature of funeral director Booch Hardware

(b) Address Eolia Mo.

19. (a) Aug 2-1945 (b) Booch Hardware  
(Date received local registrar) (Registration signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21<sup>st</sup> year 1945 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from 7/23/1945 to 8/21, 19 45  
that I last saw him in alive on 8/2, 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of pons  
Due to .....

Due to .....

Other conditions HEP  
(Include pregnancy within 3 months of death)

Major findings: See above  
Of operations metastasis to liver  
Of autopsy none  
PHYSICIAN Hepp  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
(Specify type of place)  
While at work (Specify type of work) (e) Means of injury none  
Signature Booch Hardware (M.D. or other) ---  
Address Louisiana, Missouri Date signed 8/2/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 9-45-1420

Date Filed SEP. 17 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Edelia mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.